

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishr	ment Name			Telephone Number	Date of I	nemostica	Tables
Valley	View	15	IF Club	812 - 923 - 5280	Date of Inspection PERMIT # (mm/dd/yr)		
Establishr	ment Addre	ess (ni	umber and street, city, state, zip code)	┥	10/13	/2019	18-289
3748	Lonn	مدر	Bout Rd Fligh Kirbs, IN 47119			<i>,, ,</i> .	
Owner				Purpose:	Follow-	up Relea	se Date
Owner's A	ddross			1. Routine	NO		days
Onner s A	1001688			2. Follow-up	Summary of Violations:		
Person in	Charge			3. Complaint	\sim		
	1 N	אלויו	USOA	4. Pre-Operational	C NC R		
Responsib	le Person's	E-ma	il	5, Temporary	Monu Type (See back of page)		
			<u> </u>	6. НАССР	1,120114,1,9	po (nee suex	oj pagej
' 3	ood Mana		(-1	7. Other (list)	1 2	3X	4 5
Vaven	Wilk						- ·
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I				<u> </u>
• VIOLATIO	ON(S) REPE	ATEL	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	O IN THE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
426	NC	ļ	Observed BOH / catering storage or	un to still be		Tod	as
		<u> </u>	clottend and lacking detiniti			, -	
			- PIC said that chib just had	a low sache			
			and that issue would be fake				
			maintained regularly and consi	Tole Ha		<u> </u>	
			THE PROPERTY OF SEASON	-			
							
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Received by	(name and t	itle pr	inted):	Inspected by (name and title pr	inted):		
ī) auga	и	Wilkerson	4.)	Ligra	m (EHS)
Received by	(signature):			Inspected by (signature):	21914	- (0.1)	<u>/</u>
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